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Bib Data Sheet

CONFIRMATION NO. 8798

SERIAL NUMBER 09/688,205	FILING DATE 10/16/2000 RULE	CLASS 382	GROUP ART UNIT 2623	ATTORNEY DOCKET NO. PM-271376-C00-026	
APPLICANTS Rober Millgan JR., Maynard, MA; Ivan Bachelder, Newton, MA;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/15/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u> </u> Examiner's Signature Initials		STATE OR COUNTRY MA	SHEETS DRAWING 7	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 4
ADDRESS 23459					
TITLE Location of generally rectangular shaped objects in an image					
FILING FEE RECEIVED 790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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SERIAL NUMBER 09/688,205	FILING DATE 10/16/2000 RULE _	CLASS 382	GROUP ART UNIT 2621	ATTORNEY DOCKET NO. PM-271376-C00-026
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APPLICANTS

Rober Millgan JR., Maynard, MA ;

** CONTINUING DATA *****
60/193,887 filed 3/31/00

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 12/15/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 7	TOTAL CLAIMS 18 19	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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TITLE

Location of generally rectangular shaped objects in an image

FILING FEE RECEIVED 790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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